

WEST VIRGINIA LEGISLATURE

2016 REGULAR SESSION

ENROLLED

House Bill 4334

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FAIRCLOTH, BATES, WESTFALL, HOUSEHOLDER, COOPER
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[Passed March 12, 2016; in effect ninety days from
passage.]

1 AN ACT to repeal §30-15-1, §30-15-2, §30-15-3, §30-15-4, §30-15-5, §30-15-6, §30-15-7, §30-
2 15-7a, §30-15-7b, §30-15-7c and §30-15-8, of the Code of West Virginia, 1931, as
3 amended; to amend and reenact §16-5-19 of said code; to amend and reenact §30-7-1,
4 §30-7-2, §30-7-4, §30-7-6, §30-7-7, §30-7-15a, §30-7-15b and §30-7-15c of said code;
5 and to amend said code by adding thereto two new sections, designated §30-7-15d and
6 §30-7-15e, all relating to the regulation of the practice of advanced practice registered
7 nurses; providing advanced practice registered nurses authority relating to death
8 certificates; defining terms; requiring a license to practice as an advanced practice
9 registered nurse; modifying license requirements for an advanced practice registered
10 nurse; modifying requirements for prescriptive authority; providing rule-making authority;
11 providing emergency rule-making authority; modifying prescriptive authority of certain
12 controlled substances; providing collaborative practice requirements; modifying the
13 requirements for application for prescription authority; permitting the board review
14 qualifications of applicants; authorizing advanced practice registered nurses be granted
15 prescriptive authority without the requirement of a collaborative agreement upon
16 application; requiring an advanced practice registered nurses complete certain
17 prerequisites; requiring certain reports; permitting the board to discipline advanced
18 practice registered nurses; eliminating required qualifications of the executive secretary of
19 the board; creating a Joint Advisory Council; providing the council's composition; providing
20 council members' terms; providing powers of the council; providing duties of the council;
21 providing advance practice registered nurses with certain signatory authority; and
22 requiring certain training.

Be it enacted by the Legislature of West Virginia:

1 That §30-15-1, §30-15-2, §30-15-3, §30-15-4, §30-15-5, §30-15-6, §30-15-7, §30-15-7a,
2 §30-15-7b, §30-15-7c and §30-15-8, of the Code of West Virginia, 1931, as amended, be
3 repealed; that §16-5-19 of said code be amended and reenacted; that §30-7-1, §30-7-2, §30-7-4,

4 §30-7-6, §30-7-7, §30-7-15a, §30-7-15b and §30-7-15c of said code be amended and reenacted;
5 and that said code be amended by adding thereto two new sections, designated §30-7-15d and
6 §30-7-15e, all to read as follows:

ARTICLE FIVE. VITAL STATISTICS.

§16-5-19. Death registration.

1 (a) A certificate of death for each death which occurs in this state shall be filed with the
2 section of vital statistics, or as otherwise directed by the state Registrar, within five days after
3 death, and prior to final disposition, and shall be registered if it has been completed and filed in
4 accordance with this section.

5 (1) If the place of death is unknown, but the dead body is found in this state, the place
6 where the body was found shall be shown as the place of death.

7 (2) If the date of death is unknown, it shall be approximated. If the date cannot be
8 approximated, the date found shall be shown as the date of death.

9 (3) If death occurs in a moving conveyance in the United States and the body is first
10 removed from the conveyance in this state, the death shall be registered in this state and the
11 place where it is first removed shall be considered the place of death. (4) If death occurs in a
12 moving conveyance while in international waters or air space or in a foreign country or its air
13 space and the body is first removed from the conveyance in this state, the death shall be
14 registered in this state but the certificate shall show the actual place of death insofar as can be
15 determined.

16 (5) In all other cases, the place where death is pronounced shall be considered the place
17 where death occurred.

18 (b) The funeral director or other person who assumes custody of the dead body shall: (1)
19 Obtain the personal data from the next of kin or the best qualified person or source available
20 including the deceased person's social security number or numbers, which shall be placed in the
21 records relating to the death and recorded on the certificate of death;

22 (2) Within forty-eight hours after death, provide the certificate of death containing sufficient
23 information to identify the decedent to the physician nurse responsible for completing the medical
24 certification as provided in subsection (c) of this section; and

25 (3) Upon receipt of the medical certification, file the certificate of death: *Provided*, That for
26 implementation of electronic filing of death certificates, the person who certifies to cause of death
27 will be responsible for filing the electronic certification of cause of death as directed by the state
28 Registrar and in accordance with legislative rule.

29 (c) The medical certification shall be completed and signed within twenty-four hours after
30 receipt of the certificate of death by the physician or advance practice registered nurse in charge
31 of the patient's care for the illness or condition which resulted in death except when inquiry is
32 required pursuant to chapter sixty-one, article twelve or other applicable provisions of this code.

33 (1) In the absence of the physician or advance practice registered nurse or with his or her
34 approval, the certificate may be completed by his or her associate physician, any physician who
35 has been placed in a position of responsibility for any medical coverage of the decedent, the chief
36 medical officer of the institution in which death occurred, or the physician who performed an
37 autopsy upon the decedent, provided inquiry is not required pursuant to chapter sixty-one, article
38 twelve of this code.

39 (2) The person completing the cause of death shall attest to its accuracy either by
40 signature or by an approved electronic process.

41 (d) When inquiry is required pursuant to article twelve, chapter sixty one, or other
42 applicable provisions of this code, the state Medical Examiner or designee or county medical
43 examiner or county coroner in the jurisdiction where the death occurred or where the body was
44 found shall determine the cause of death and shall complete the medical certification within forty-
45 eight hours after taking charge of the case.

46 (1) If the cause of death cannot be determined within forty-eight hours after taking charge
47 of the case, the medical examiner shall complete the medical certification with a "Pending" cause
48 of death to be amended upon completion of medical investigation.

49 (2) After investigation of a report of death for which inquiry is required, if the state Medical
50 Examiner or designee or county medical examiner or county coroner decline jurisdiction, the state
51 Medical Examiner or designee or county medical examiner or county coroner may direct the
52 decedent's family physician or the physician who pronounces death to complete the certification
53 of death: *Provided*, That the physician is not civilly liable for inaccuracy or other incorrect
54 statement of death unless the physician willfully and knowingly provides information he or she
55 knows to be false.

56 (e) When death occurs in an institution and the person responsible for the completion of
57 the medical certification is not available to pronounce death, another physician may pronounce
58 death. If there is no physician available to pronounce death, then a designated licensed health
59 professional who views the body may pronounce death, attest to the pronouncement by signature
60 or an approved electronic process, and, with the permission of the person responsible for the
61 medical certification, release the body to the funeral director or other person for final disposition:
62 *Provided*, That if the death occurs in an institution during court-ordered hospitalization, in a
63 correctional facility or under custody of law-enforcement authorities, the death shall be reported
64 directly to a medical examiner or coroner for investigation, pronouncement and certification.

65 (f) If the cause of death cannot be determined within the time prescribed, the medical
66 certification shall be completed as provided by legislative rule. The attending physician or medical
67 examiner, upon request, shall give the funeral director or other person assuming custody of the
68 body notice of the reason for the delay, and final disposition of the body may not be made until
69 authorized by the attending physician, medical examiner or other persons authorized by this

70 article to certify the cause of death.

71 (g) Upon receipt of autopsy results, additional scientific study, or where further inquiry or
72 investigation provides additional information that would change the information on the certificate
73 of death from that originally reported, the certifier, or any State Medical Examiner who provides
74 such inquiry under authority of article twelve, chapter sixty-one of this code shall immediately file
75 a supplemental report of cause of death or other information with the section of vital statistics to
76 amend the record, but only for purposes of accuracy.

77 (h) When death is presumed to have occurred within this state but the body cannot be
78 located, a certificate of death may be prepared by the state Registrar only upon receipt of an order
79 of a court of competent jurisdiction which shall include the finding of facts required to complete
80 the certificate of death. The certificate of death will be marked "Presumptive" and will show on its
81 face the date of death as determined by the court and the date of registration, and shall identify
82 the court and the date of the order.

83 (i) The local registrar shall transmit each month to the county clerk of his or her county a
84 copy of the certificates of all deaths occurring in the county, and if any person dies in a county
85 other than the county within the state in which the person last resided prior to death, then the
86 state Registrar shall furnish a copy of the death certificate to the clerk of the county commission
87 of the county where the person last resided, from which copies the clerk shall compile a register
88 of deaths, in a form prescribed by the state Registrar. The register shall be a public record.

ARTICLE 7. REGISTERED PROFESSIONAL NURSES.

§30-7-1. Definitions.

1 As used in this article:

2

3 (a) "Advanced practice registered nurse" means a registered nurse who has acquired
4 advanced clinical knowledge and skills preparing him or her to provide direct and indirect care to
5 patients as a certified nurse practitioner, certified nurse-midwife, certified registered nurse
6 anesthetist, or clinical nurse specialist, who has completed a board-approved graduate-level
7 education program and who has passed a board-approved national certification examination.

8 (b) "Board" means the West Virginia Board of Examiners for Registered Professional
9 Nurses;

10 (c) "Collaborative relationship" means a working relationship, structured through a written
11 agreement, in which an advanced practice registered nurse may prescribe drugs in collaboration
12 with a qualified physician;

13 (d) "Practice of registered professional nursing" or "registered professional nursing" means
14 the performance for compensation of any service requiring substantial specialized judgment and
15 skill based on knowledge and application of principles of nursing derived from the biological,
16 physical and social sciences, such as responsible supervision of a patient requiring skill in
17 observation of symptoms and reactions and the accurate recording of the facts, or the supervision
18 and teaching of other persons with respect to such principles of nursing, or in the administration
19 of medications and treatments as prescribed by a licensed physician, a licensed dentist or a
20 licensed advanced practice registered nurse, or the application of such nursing procedures as
21 involve understanding of cause and effect in order to safeguard life and health of a patient and
22 others; and

23 (d) "Temporary permit" means a permit authorizing the holder to practice registered
24 professional nursing in this state until such permit is no longer effective or the holder is granted a
25 license by the West Virginia State Board of Examiners for Registered Professional Nurses.

§30-7-2. License required to practice.

(a) It is unlawful for any person not licensed under the provisions of this article to practice
or to offer to practice registered professional nursing in this state, or to use any title, sign, card or
device to indicate that such person is a registered professional nurse: *Provided*, That any

professional nurse holding an active, unencumbered license to practice in another state, who accompanies a patient to whom he or she administers nursing care while such patient is in transit or being transported into, out of, or through this state, may practice without a license issued under this article with the following limitations: (a) Such nurse may only administer nursing care to the patient whom they are accompanying in this state; and (b) under no circumstances is any such nurse authorized to practice nursing in this state for longer than forty-eight hours within any three-month period; and (c) under no circumstances shall any such nurse hold him or herself out as a registered professional nurse licensed in this state. Such forty-eight hour period shall commence and run from the time such nurse first enters the borders of this state in the company of his or her patient and therefrom run continuously, whether or not such nurse dispenses nursing care, until such forty-eight hour period has elapsed.

(b) To practice as an advanced practice registered nurse in this state, a person must have a valid advanced practice registered nurse license issued by the board. It is unlawful for any person to practice or offer to practice as an advanced practice registered nurse, to use any title, sign, card or device to indicate or give the impression that such person is an advanced practice registered nurse or to practice as, perform the role of, or use any title, sign, card or device to indicate that the person is a certified registered nurse anesthetist, certified nurse-midwife, clinical nurse specialist or certified nurse practitioner, unless that person is currently licensed by the board as an advanced practice registered nurse.

§30-7-4. Organization and meetings of board; quorum; powers and duties generally; executive secretary; funds.

1 The board shall meet at least once each year and shall elect from its members a president
2 and a secretary. The secretary shall also act as treasurer of the board. The board may hold such
3 other meetings during the year as it may deem necessary to transact its business. A majority,
4 including one officer, of the board shall constitute a quorum at any meeting. The board is hereby
5 authorized and empowered to:

6 (a) Adopt and, from time to time, amend such rules and regulations, not inconsistent with
7 this article, as may be necessary to enable it to carry into effect the provisions of this article;

8 (b) Prescribe standards for educational programs preparing persons for licensure to
9 practice registered professional nursing under this article;

10 (c) Provide for surveys of such educational programs at such time as it may deem
11 necessary;

12 (d) Accredite such educational programs for the preparation of practitioners of registered
13 professional nursing as shall meet the requirements of this article and of the board;

14 (e) Deny or withdraw accreditation of educational programs for failure to meet or maintain
15 prescribed standards required by this article and by the board;

16 (f) Examine, license and renew the licenses of duly qualified applicants;

17 (g) Conduct hearings upon charges calling for discipline of a licensee or revocation or
18 suspension of a license;

19 (h) Keep a record of all proceedings of the board;

20 (i) Make a biennial report to the Governor and the Legislative Oversight Commission for
21 Health and Human Resources Accountability;

22 (j) Appoint and employ a qualified person, who shall not be a member of the board, to
23 serve as executive secretary to the board;

24 (k) Define the duties and fix the compensation for the executive secretary; and

25 (l) Employ such other persons as may be necessary to carry on the work of the board.

26
27 All fees and other moneys collected by the board pursuant to the provisions of this article
28 shall be kept in a separate fund and expended solely for the purpose of this article. No part of this
29 special fund shall revert to the General Funds of this state. The compensation provided by this
30 article and all expenses incurred under this article shall be paid from this special fund. No
31 compensation or expense incurred under this article shall be a charge against the General Funds
32 of this state.

§30-7-6. Qualifications; licensure; fees; temporary permits.

1 (a) To obtain a license to practice registered professional nursing, an applicant for such
2 license shall submit to the board written evidence, verified by oath, that he or she: (1) Is of good
3 moral character; (2) has completed an approved four-year high school course of study or the
4 equivalent thereof, as determined by the appropriate educational agency; and (3) has completed
5 an accredited program of registered professional nursing education and holds a diploma of a
6 school accredited by the board.

7 (b) The applicant shall also be required to pass a written examination in such subjects as
8 the board may determine. Each written examination may be supplemented by an oral
9 examination. Upon successfully passing such examination or examinations, the board shall issue
10 to the applicant a license to practice registered professional nursing. The board shall determine
11 the times and places for examinations. In the event an applicant shall have failed to pass
12 examinations on two occasions, the applicant shall, in addition to the other requirements of this
13 section, present to the board such other evidence of his or her qualifications as the board may
14 prescribe.

15 (c) The board may, upon application, issue a license to practice registered professional
16 nursing by endorsement to an applicant who has been duly licensed as a registered professional
17 nurse under the laws of another state, territory or foreign country if in the opinion of the board the
18 applicant meets the qualifications required of registered professional nurses at the time of
19 graduation.

20 (d) The board may, upon application and proper identification determined by the board,
21 issue a temporary permit to practice registered professional nursing by endorsement to an
22 applicant who has been duly licensed as a registered professional nurse under the laws of another
23 state, territory or foreign country. Such temporary permit authorizes the holder to practice
24 registered professional nursing in this state while the temporary permit is effective. A temporary
25 permit shall be effective for ninety days, unless the board revokes such permit prior to its
26 expiration, and such permit may not be renewed. Any person applying for a temporary license

27 under the provisions of this paragraph shall, with his or her application, pay to the board a
28 nonrefundable fee of \$10.

29 (e) Any person holding a valid license designated as a "waiver license" may submit an
30 application to the board for a license containing no reference to the fact that such person has
31 theretofore been issued such "waiver license." The provisions of this section relating to
32 examination and fees and the provisions of all other sections of this article shall apply to any
33 application submitted to the board pursuant to the provisions of this paragraph.

34 (f) Any person applying for a license to practice registered professional nursing under the
35 provisions of this article shall, with his or her application, pay to the board a fee of \$40: *Provided,*
36 That the fee to be paid for the year commencing July 1, 1982, shall be \$70: *Provided, however,*
37 That the board in its discretion may, by rule or regulation, decrease either or both said license
38 fees. In the event it shall be necessary for the board to reexamine any applicant for a license, an
39 additional fee shall be paid to the board by the applicant for reexamination: *Provided further,* That
40 the total of such additional fees shall in no case exceed \$100 for any one examination.

41 (g) Any person holding a license heretofore issued by the West Virginia state Board of
42 Examiners for Registered Nurses and which license is valid on the date this article becomes
43 effective shall be deemed to be duly licensed under the provisions of this article for the remainder
44 of the period of any such license heretofore issued. Any such license heretofore issued shall also,
45 for all purposes, be deemed to be a license issued under this article and to be subject to the
46 provisions hereof.

47 (h) The board shall, upon receipt of a duly executed application for licensure and of the
48 accompanying fee of \$70, issue a temporary permit to practice registered professional nursing to
49 any applicant who has received a diploma from a school of nursing approved by the board
50 pursuant to this article after the date the board last scheduled a written examination for persons
51 eligible for licensure: *Provided,* That no such temporary permit shall be renewable nor shall any
52 such permit be valid for any purpose subsequent to the date the board has announced the results
53 of the first written examination given by the board following the issuance of such permit.

54 (i) To obtain a license to practice as an advanced practice registered nurse, an applicant
55 must submit a written application, verified by oath, to the board together with an application fee
56 established by the board through an authorized legislative rule. The requirements for a license to
57 practice as an advanced practice registered nurse in this state are listed below and must be
58 demonstrated to the board through satisfactory evidence submitted with the application for a
59 license:

60 (1) The applicant must be licensed in good standing with the board as a registered
61 professional nurse;

62 (2) The applicant must have satisfactorily completed a graduate-level program accredited
63 by a national accreditation body that is acceptable to the board; and

64 (3) The applicant must be currently certified by a national certification organization,
65 approved by the board, in one or more of the following nationally recognized advance practice
66 registered nursing roles: certified registered nurse anesthetist, certified nurse-midwife, clinical
67 nurse specialist or certified nurse practitioner.

§30-7-7. Qualifications and licensure of persons not citizens of United States.

(a) The board may, upon application, issue a license to practice registered professional nursing by endorsement to any person who is not a citizen of the United States of America if such person: (a) Has been duly licensed as a registered professional nurse under the laws of another state, territory or foreign country, and (b) shall, in any such state, territory or foreign country, have passed a written examination in the English language which, in the opinion of the board, is comparable in content and scope to the type of written examination that is required in subsection (b) of section six of this article.

(b) All other provisions of this article shall be applicable to any application for or license issued pursuant to this section.

§30-7-15a. Prescriptive authority for prescription drugs; coordination with Board of Pharmacy; rule-making authority.

1 (a) The board may, in its discretion, authorize an advanced practice registered nurse to

2 prescribe prescription drugs in accordance with this article and all other applicable state and
3 federal laws. An authorized advanced practice registered nurse may write or sign prescriptions or
4 transmit prescriptions verbally or by other means of communication.

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10 (b) The board shall promulgate legislative rules in accordance with chapter twenty-nine-a
11 of this code governing the eligibility and extent to which an advanced practice registered nurse
12 may prescribe drugs. Such rules shall provide, at a minimum, a state formulary classifying those
13 categories of drugs which shall not be prescribed by advanced practice registered nurse including,
14 but not limited to, Schedules I and II of the Uniform Controlled Substances Act, antineoplastics,
15 radiopharmaceuticals and general anesthetics. Drugs listed under Schedule III shall be limited to
16 a thirty day supply without refill. In addition to the above referenced provisions and restrictions
17 and pursuant to a collaborative agreement as set forth in section fifteen-b of this article, the rules
18 shall permit the prescribing of an annual supply of any drug, with the exception of controlled
19 substances, which is prescribed for the treatment of a chronic condition, other than chronic pain
20 management. For the purposes of this section, a "chronic condition" is a condition which lasts
21 three months or more, generally cannot be prevented by vaccines, can be controlled but not cured
22 by medication and does not generally disappear. These conditions, with the exception of chronic
23 pain, include, but are not limited to, arthritis, asthma, cardiovascular disease, cancer, diabetes,
24 epilepsy and seizures, and obesity. The prescriber authorized in this section shall note on the
25 prescription the chronic disease being treated.

26 (c) The board may promulgate emergency rules to implement the provisions of this article
27 pursuant to section fifteen, article three, chapter twenty-nine-a of this code.

28

29 (d) The board shall transmit to the Board of Pharmacy a list of all advanced practice
30 registered nurses with prescriptive authority. The list shall include:

31 (1) The name of the authorized advanced practice registered nurse;

32 (2) The prescriber's identification number assigned by the board; and

33 (3) The effective date of prescriptive authority.

**§30-7-15b. Eligibility for prescriptive authority; application; fee; collaborative relationships
and agreements.**

1 (a) An advanced practice registered nurse shall be eligible to apply for authorization to
2 prescribe drugs pursuant to section fifteen-a of this article after satisfying the following
3 requirements:

4 (1) Be licensed and certified in West Virginia as an advanced practice registered nurse;

5 (2) Be at least eighteen years of age;

6 (3) Have completed forty-five contact hours of education in pharmacology and clinical
7 management of drug therapy under a program approved by the board, fifteen hours of which shall
8 have been completed within the two-year period immediately prior to entering into a prerequisite
9 collaborative relationship;

10 (4) Provide the board with evidence that he or she is a person of good moral character
11 and not addicted to alcohol or the use of controlled substances; and

12 (5) Does not have his or her advanced practice registered nursing license, certification or
13 registration in any jurisdiction suspended, limited or revoked; and

14 (6) Submit a completed, notarized application to the board, accompanied by a fee as
15 established by the board by rule.

16 (b) The board shall authorize an applicant to prescribe prescription drugs under the terms
17 of a collaborative agreement and in accordance with section fifteen-a of this article and applicable
18 legislative rules if the applicant has met the prerequisites of subsection (a) of this section and the

19 following additional prerequisites are satisfied:

20 (1) The board is satisfied that the collaborating physician is licensed in good standing;

21 (2) The collaborative agreement is sufficient in form;

22 (3) The applicant has completed the education requirements; and

23 (4) The applicant has submitted a completed application on forms developed by the board
24 and paid an application fee established by the board in legislative rule.

25 (c) A collaborative agreement for a collaborative relationship for prescriptive practice
26 between a physician and an advanced practice registered nurse shall be set forth in writing and
27 include, but not be limited to, the following:

28 (1) Mutually agreed upon written guidelines or protocols for prescriptive authority as it
29 applies to the advanced practice registered nurse's clinical practice;

30 (2) Statements describing the individual and shared responsibilities of the advanced
31 practice registered nurse and the collaborating physician;

32 (3) Periodic and joint evaluation of prescriptive practice; and

33 (4) Periodic joint review and updating of the written guidelines or protocols.

34 (d) Verification of a collaborative agreement shall be filed with the board by the advanced
35 practice registered nurse with documentation of completion of the education requirements
36 described in subsection (a) of this section. The board shall forward a copy of the verified
37 agreement to the board through which the collaborative physician is licensed.

38 (e) The board shall, upon application, authorize an advanced practice registered nurse to
39 prescribe prescription drugs in accordance with section fifteen-a of this article without the further
40 requirement of a collaborative agreement if the applicant has satisfied the following prerequisites:

41 (1) Has practiced at least three years in a duly-documented collaborative relationship with
42 granted prescriptive authority;

43 (2) Licensed in good standing with the board; and

44 (3) Has submitted a completed application on forms developed by the board and paid an

45 application fee established by the board in legislative rule.

46 (f) Notwithstanding the provisions of subsection (e) of this section, the board may require
47 an advanced practice registered nurse to practice in a collaborative agreement if the board
48 determines, by order arising out of the board's complaint process, that a collaborative relationship
49 is necessary for the rehabilitation of a licensee or for protection of the public.

**§30-7-15c. Form of prescriptions; termination of authority; renewal; notification of
termination of authority.**

1 (a) Prescriptions authorized by an advanced practice registered nurse must comply with
2 all applicable state and federal laws; must be signed by the prescriber with the initials "A.P.R.N."
3 or the designated certification title of the prescriber; and must include the prescriber's identification
4 number assigned by the board or the prescriber's national provider identifier assigned by the
5 National Provider System pursuant to 45 C. F. R. §162.408.

6 (b) Prescriptive authorization shall be terminated if the advanced practice registered nurse
7 has:

8 (1) Not maintained current authorization as an advanced practice registered nurse; or

9 (2) Prescribed outside the advanced practice registered nurse's scope of practice or has
10 prescribed drugs for other than therapeutic purposes; or

11 (3) Has not filed verification of a collaborative agreement with the board if such an
12 agreement is required.

13 (c) Prescriptive authority for an advanced practice registered nurse must be renewed
14 biennially. Documentation of eight contact hours of pharmacology during the previous two years
15 must be submitted at the time of renewal.

16 (d) The board shall notify the Board of Pharmacy within twenty-four hours after termination
17 of, or change in, an advanced practice registered nurse's prescriptive authority.

§30-7-15d. Advanced practice registered nurse signatory authority.

1 (a) An advanced practice registered nurse may provide an authorized signature,
2 certification, stamp, verification, affidavit or endorsement on documents within the scope of their
3 practice, including but not limited to, the following documents:

4 (1) Death certificates: *Provided*, That the advanced practice registered nurse has received
5 training from the board on the completion of death certificates;

6 (2) "Physician orders for life sustaining treatment," "physician orders for scope of
7 treatment" and "do not resuscitate" forms;

8 (3) Handicap hunting certificates; and

9 (4) Utility company forms requiring maintenance of utilities regardless of ability to pay.

10 (b) An advanced practice registered nurse may not sign a certificate of merit for a medical
11 malpractice claim against a physician.

§30-7-15e. Joint Advisory Council on Limited Prescriptive Authority.

1 (a) On July 1, 2016, there is created the Joint Advisory Council on Limited Prescriptive
2 Authority. The purpose of the Council is to advise the board regarding collaborative agreements
3 and prescriptive authority for advanced practice registered nurses.

4 (b) The Governor shall appoint:

5 (1) Two allopathic physicians as recommended by the Board of Medicine who are in a
6 collaborative relationship with advanced practice registered nurses;

7 (2) Two osteopathic physicians who are in active collaborative relationships as
8 recommended by the Board of Osteopathic Medicine who are in a collaborative relationship with
9 advanced practice registered nurses;

10 (3) Six advanced practice registered nurses as recommended by the Board of Examiners
11 for Registered Professional Nurses whom have at least three years full-time practice experience,
12 and shall include at least one certified nurse practitioner, one certified nurse-midwife, and one
13 certified registered nurse anesthetist, all of whom actively prescribe prescription drugs;

14 (4) One licensed pharmacist as recommended by the Board of Pharmacy;

- 15 (5) One consumer representative; and
- 16 (6) One representative from a school of public health of an institution of higher education.
- 17 (c) All members of the Council who are healthcare providers shall have at least three years
18 full-time practice experience and hold active state licenses.
- 19 (d) Each member shall serve for a term of three years. The Governor shall stagger the
20 terms so that no more than five appointments shall expire annually. Prior to the election of a
21 chairman, the board shall be called together by the representative from a school of public health
22 of an institution of higher education.
- 23 (e) A majority of members appointed to the Council shall constitute a quorum to conduct
24 official business.
- 25 (f) The Council shall choose its own chairman and shall meet at the call of the chairman
26 at least biannually.
- 27 (g) The Council may perform the following duties:
- 28 (1) Review and evaluate applications for advanced practice registered nurses to prescribe
29 without a collaborative agreement;
- 30 (2) Assist advanced practice registered nurses with entering into collaborative agreements
31 in non-emergency situations, including providing the contact information for physicians with whom
32 the advanced practice registered nurses may collaborate;
- 33 (3) Advise the board in emergency situations of a rescinded collaborative agreement,
34 giving a sixty day grace period;
- 35 (4) Assist the board in developing and proposing emergency rules;
- 36 (5) Review and advise on complaints against advanced practice registered nurses;
- 37 (6) Develop pilot project allowing independent prescribing of controlled substances by
38 advanced practice registered nurses and study results to assure patient/public safety;
- 39 (7) Develop other studies and/or pilot projects, including but not limited to:
- 40 (A) Issues of access, outcomes and cost effectiveness of services;

- 41 (B) The development of recommendations for reciprocity;
- 42 (C) The optimal length of time for transition into independent prescribing; and
- 43 (D) Methods to foster effective interprofessional communication.